

**TRANSMITTAL AND NOTICE OF APPROVAL
OF STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:
12-023

2. STATE: CT

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE
07/01/12

5. TYPE OF STATE PLAN MATERIAL. (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
Section 1902 (f) of the Social Security Act

7. FEDERAL BUDGET IMPACT:
a. FFY 2013 \$ 223,825
b. FFY 2014 \$ 325,851

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 4 to Attachment 2.6-A, page 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN
SECTION OR ATTACHMENT (If applicable)

Supplement 4 to Attachment 2.6-A, page 1, TN No. 96-005

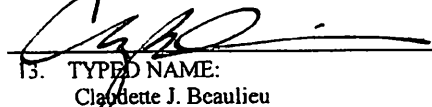
10. SUBJECT OF AMENDMENT: Methodologies for treatment of income that differ from those of the SSI Program.

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:


13. TYPED NAME:
Claudette J. Beaulieu

14. TITLE:
Deputy Commissioner

15. DATE SUBMITTED:
September 26, 2012

16. RETURN TO:

State of Connecticut
Department of Social Services
25 Sigourney Street
Hartford, CT 06106-5033

Attention: Vanessa Soares Bowden

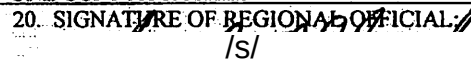
FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 9/26/12

18. DATE APPROVED: 5/9/13

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 7/1/12

20. SIGNATURE OF REGIONAL OFFICIAL:

/s/

21. TYPED NAME: Richard R. McGreal

22. TITLE: Associate Regional Administrator, Division of Medicaid and
Children's Health Operations, Boston Regional Office

23. REMARKS: CMS and the State agreed to the following pen-and-ink changes to Box 7 of the Form CMS-179:
Insert the FFY values for 2013 and 2014.